DISSERTATION

A PRAGMATIC ANALYSIS ON FEATURES OF NURSE-PATIENT COMMUNICATION DURING MEDICAL INTERACTION AT PUBLIC HOSPITAL OF DAYA MAKASSAR

ANALISIS PRAGMATIS PADA FITUR KOMUNIKASI
PERAWAT-PASIEN SELAMA INTERAKSI MEDIS
DI RUMAH SAKIT UMUM DAYA MAKASSAR

MULYANI

F013191002

POST GRADUATE SCHOOL
FACULTY OF CULTURAL SCIENCES
HASANUDDIN UNIVERSITY
MAKASSAR

2023

DISSERTATION

A PRAGMATIC ANALYSIS ON FEATURES OF NURSE-PATIENT COMMUNICATION DURING MEDICAL INTERACTION AT PUBLIC HOSPITAL OF DAYA MAKASSAR

MULYANI

F013191002

POST GRADUATE SCHOOL
FACULTY OF CULTURAL SCIENCES
HASANUDDIN UNIVERSITY
MAKASSAR, INDONESIA

2023

A PRAGMATIC ANALYSIS ON FEATURES OF NURSE-PATIENT COMMUNICATION DURING MEDICAL INTERACTION AT PUBLIC HOSPITAL OF DAYA MAKASSAR

Dissertation

As One of the Requirements to Achieve a Degree of Doctor in Linguistics Study

Written and submitted by

MULYANI

To

POST GRADUATE SCHOOL
FACULTY OF CULTURAL SCIENCES
HASANUDDIN UNIVERSITY
MAKASSAR, INDONESIA

2023

DISSERTATION

A PRAGMATIC ANALYSIS ON FEATURES OF NURSE-PATIENT COMMUNICATION DURING MEDICAL INTERACTION AT PUBLIC HOSPITAL OF DAYA MAKASSAR

Written and Submitted by

MULYANI
Student ID. F013191002

Has been examined and defended in front of the Dissertation examination committee on August 21st, 2023 and declared eligible

Approved by
Promotor

Dr. Abidin Pammu, M.A.
NIP: 196012311986011071

Co-Promotor

Dra. Nasmilah, M.Hum., Ph.D
NIP:196311031988112001

Co-Promotor

Dr. Sukmawaty, M.Hum.
NIP:196010121987032002

Head of Linguistics Study program

Prof. Dr. Lukman, M.S.
NIP: 196012311987021002

Dean of Cultural Science Faculty
Hasanuddin University

Prof. Dr. Akin Duli, M.A.
NIP 196407161991031010

STATEMENT FOR THE ORIGINALITY OF THE DISSERTATION

I, who signed below:

Name : Mulyani

Register Number : F013191002

Study Program : Linguistics Sciences

Declare faithfully that this dissertation is the result of my own work without plagiarizing from one's writing or thought. If there will be some evidence in the future that a part or the whole of the dissertation is found to belong to one's work, I am ready to get sanction for this kind of plagiarism.

Makassar, August 21st 2023

Mulyani

ACKNOWLEDGEMENT

All praise is due to Allah SWT, the most gracious and the most merciful, because of the love, guidance, spirit, blessing, and strength, the researcher was able to complete this dissertation as one of the requirements to achieve a Doctor degree in Linguistics Study at Hasanuddin University of Makassar. Peace and salutation are due to the chosen messenger, the prophet Muhammad SAW, peace be upon him.

The researcher realizes that in carrying out the research and writing this dissertation, many people had given their valuable suggestion, guidance, assistance, advice, and support for the completion of this dissertation. Therefore, the researcher would like to express her greatest appreciation and acknowledge them.

Her greatest appreciation is addressed to the team of supervisors, namely, Dr. Abidin Pammu, M.A, as the promotor, Dra. Nasmilah, M. Hum., Ph.D, as the first co-promotor, and Dr. Sukmawaty, M. Hum, as the second co-promotor, for their suggestions, advice, corrections, and mental encouragement during the preliminary draft of this dissertation, consultation session, seminars, until the completion of this dissertation.

The researcher is deeply grateful the team of her examiners, namely; Prof. Dr. Hamzah A. Machmoed, M.A., Prof. Dr. Fathu Rahman, M.Hum, and Dr. Harlinah Sahib, M. Hum., as the internal examiners and Prof. Dr. Sukardi Weda, S.S., M.Hum., as the external examiner for all their suggestions, corrections, and ideas. They suggested and corrected

what the researcher really needed to improve the content of this dissertation.

Her special gratitude goes to the Head of Doctoral Study Program Linguistics Study of Hasanuddin University and all beloved lecturers who have shared their invaluable knowledge and experience. The researcher also appreciate all staffs for having provided services to the researcher during her studies and conducting the research, without them, all procedures would not run well.

Her most indebted to the Makassar City Government, Public Hospital of Daya Makassar especially the head of community service, education and research and all staffs, who had given the permission and opportunity to conduct the research in the hospital. The researcher is also indebted to all nurses and patients for their time, invaluable help, information, communication, and participation during the research in the hospital.

The researcher is also grateful the all her classmates (whose name cannot be mentioned one by one) in the 2019 linguistics doctoral program, for their support and for all of their help.

Her highest thanks goes to her parent, Drs. Iskandar Tahir, and her siblings who always pray for her success, to her beloved husband, Darmawansyah, SKM, for his great support and assistance during her study and also to her boys Rayyan Nur Muhammad, Raid Nur Qadri, and Rafi Nur Khairan for their patience and encouragement during her study.

Finally, the writer hopes that this academic work can contribute something useful in developing nurse-patient communication, for nurses in particularly and the learning of linguistics-pragmatics generally.

Makassar, August 2023

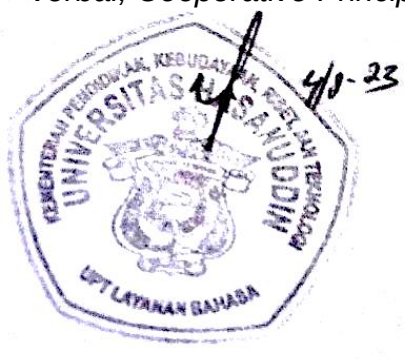
The Researcher

ABSTRACT

MULYANI. *A Pragmatic Analysis on Features of Nurse-Patient Communication During Medical Interaction at Public Hospital of Daya Makassar* (Supervised by Abidin Pammu, Nasmilah, and Sukmawaty).

This research aimed (1) to analyse the features or communication strategies of nurse-patient communication during medical interaction at public hospital of Daya Makassar, (2) to reveal the strategies those affect the nurse-patient mutual understanding during medical interaction and (3) to reveal the Grice's theory of cooperative principle that is applied in nurse-patient communication during medical interaction**.** This study employed qualitative method designs utilizing observation, video recording, and interview as the data collection instruments. The data were collected from inpatient room at Public Hospital of Daya Makassar. The participants were six nurses and five patients. The patients are those who have been treated for at least one day. The results show that, (1) the features or communication strategies used by nurses to communicate with patients are interpersonal communication or therapeutic communication consists of four phases, namely pre-interaction phase, orientation phase, working phase, and termination phase. The patients do not care about the nurse who does introduction or not. The urgency of the patient coming to the hospital is to seek treatment, get low-cost treatment, and be able to recover. (2) Therapeutic communication used verbally (everyday language, simple, easy to understand, clear and concise) and non-verbally (nodding head, pointing, smiling, staring at the patient, and open body positions). Non-verbal communication is as important as verbal communication that can affect the mutual understanding of nurses and patients. (3) Of the four maxims that must be obeyed, nurses and patients only obey two maxims, namely the maxim of quality and the maxim of manner. Some reasons why they violate the maxim of quantity and the maxim of relation; that are confuse in giving answer, choose the right vocabulary, definite answer, ensure condition, want to get sympathy and empathy. Based on this, pragmatics is present in nurse-patient communication, both verbally and non-verbally.

Keywords: *Therapeutik Communication; Nurse-Patient; Verbal and Non-verbal; Cooperative Principle; Pragmatics*



ABSTRAK

MULYANI. *Analisis Pragmatis Pada Fitur Komunikasi Perawat-Pasien Selama Interaksi Medis Di Rumah Sakit Umum Daya Makassar* (Dibimbing oleh Abidin Pammu, Nasmilah, dan Sukmawaty).

Penelitian ini bertujuan untuk (1) menganalisis fitur atau strategi komunikasi dari komunikasi perawat-pasien selama interaksi medis di rumah sakit umum Daya Makassar, (2) mengungkap strategi komunikasi yang mempengaruhi saling pengertian perawat-pasien selama interaksi medis, dan (3) mengungkap penerapan prinsip kooperatif dari teori Grice dalam komunikasi perawat-pasien selama interaksi medis. Penelitian ini menggunakan desain metode kualitatif dengan menggunakan data penelitian berupa observasi, perekaman video, dan wawancara. Data tersebut diperoleh dari ruang perawatan inap di rumah sakit umum Daya Makassar. Adapun responden pada penelitian adalah enam perawat dan lima pasien. Pasien yang menjadi responden adalah yang telah dirawat sekurang-kurangnya satu hari. Temuan dari penelitian ini mengungkapkan bahwa, (1) fitur atau strategi komunikasi yang digunakan perawat untuk berkomunikasi dengan pasien adalah komunikasi interpersonal atau komunikasi terapeutik yang terdiri dari empat fase yaitu fase pra-interaksi, fase orientasi, fase kerja, dan fase terminasi. Pasien tidak memperdulikan tentang perawat yang melakukan fase perkenalan atau tidak. Hal yang mendesak adalah pasien datang ke rumah sakit untuk mendapatkan pengobatan, mendapatkan perawatan dengan biaya murah, dan dapat sembuh. (2) komunikasi terapeutik yang digunakan secara verbal (bahasa sehari-hari, bahasa sederhana, mudah dipahami, jelas dan ringkas) dan non-verbal (menganggukkan kepala, menunjuk, tersenyum, menatap pasien, dan posisi tubuh terbuka). Komunikasi non-verbal sama pentingnya dengan komunikasi verbal yang dapat mempengaruhi saling pengertian perawat dan pasien. (3) dari keempat maksim yang harus dipatuhi, perawat dan pasien hanya mematuhi dua maksim yaitu maksim kualitas dan maksim cara. Beberapa alasan mengapa mereka melanggar maksim kuantitas dan maksim relasi; yaitu bingung dalam memberikan jawaban, memilih kosa kata yang tepat, jawaban yang tidak pasti, memastikan kondisi, ingin mendapatkan simpati dan empati. Berdasarkan hal tersebut, pragmatik hadir didalam komunikasi perawat-pasien, baik secara verbal maupun non-verbal.

Kata Kunci: *Komunikasi Terapeutik; Perawat-Pasien; Verbal dan Non-verbal; Prinsip Kerjasama; Pragmatik*

TABLE OF CONTENTS

CHAPTER I

INTRODUCTION

1.1 Background

Hospital is one of the health facilities to provide health services to the community and has a very important role in accelerating the improvement of public health status. This requires health service providers, namely hospitals, to improve the quality of services that are better, not only services that are curative but also include services that are preventive in nature. Therefore, hospitals are required to provide quality services in accordance with established standards and can reach all levels of society.

Public hospital of Daya Makassar is the only one public hospital that is directly managed by the Makassar city government, carrying the regional name Makassar city which is trusted by the community. The public hospital of Daya Makassar is conversion from community health center to public hospital type B and a referral center of Makassar north gate. This means day by day the public hospital of Daya Makassar is getting better over time. But on the other hand, growing issue in public hospital of Daya Makassar is the lack of patients' satisfaction levels that is influenced with patients' satisfaction to health services in terms of communication and service facilities. While we find out that communication is very important in health services including nurse-patient communication.

Communication is the process of delivering and receiving message from someone to others. According to Pearson and Nelson (2000), communication is defined as the process of understanding and sharing meaning. McLean (2003) formulated that the process means a dynamic activity that is hard to describe because it changes; to understand is to perceive, to interpret, and to relate our perception and interpretation to what we already know; sharing means doing something together with one or more people; and meaning is what we share through communication.

Communication is a vital element in nursing in all areas of activity and in all its interventions such as prevention, treatment, therapy, rehabilitation, education, and health promotion. Communication plays the most important role between nurses/other staff and patients (Itri *et al*. 2017). The quality of time spent communicating with patients can result in the delivery of meaningful nursing care and yield positive patient outcomes, particularly in the areas of health self-management, adherence, and satisfaction (Bader *et al*. 2016).

Nurse-patient communication served as therapeutic communication aims to address the nature of the patients' problem in health. Nursing communication is the key to establishing a good therapeutic care relationship (Barilaro *et al.* 2019). Sibiya (2018) stated that the quality of communication in interactions between nurses and

patients has a major influence on patient outcomes, lessen medical errors, and make a difference in positive patient outcomes.

Nurses must understand and realize that patients come to the hospital in order to ask for help to get treatment for their illness, and that is accepted as a personal responsibility and professional responsibility for nurses. Patients convey their complaints by communicating with nurses both verbally and non-verbally. According to Mubarak (2007) verbal communication is communication with words that include clear and concise, easy to understand, and giving the same understanding of the words used. Non-verbal communication is the transfer of information through body movements consisting of facial expression, gesture, posture, eye contact (Machfoedz, 2009).

Hardjana (2003) stated that the purpose of communication is to convey the message to others by using effective communication, so miscommunication can be minimized. Communication can be effective if the message is received and understood as intended by the sender of the message, then the message is followed by an action of the receiver, and no obstacles to it.

Good or effective communication between nurse and patient plays a very important role. Good or effective communication between the two sides will have an impact on better health. Mahyana *et al.* (2020) stated that good communication can foster trust between nurses and patients and can increase patient satisfaction and quality of care. Effective

communication between nurse and patients is crucial in achieving health outcomes for patients in terms of nursing care (Tran et al. 2020). Bader et al. (2016) stated that good communication between nurse and patient is fundamental to build trust and develop a therapeutic relationship, which can influence patients' well-being.

Effective nurse-patient communication is the biggest challenge for nurses and requires much more than experience and skills. The research of Gobel, et.al (2018) showed that Health service quality in accident and emergency department regional public hospital Makassar especially the communication technique still needs to be fixed. Salmani *et al.* (2020) stated that it is important to improve communication skills in nurses because it could increase patients' satisfaction, which is the ultimate goal of healthcare centers. Kwame and Petrucka (2020) stated that the impact of poor communication among nurses can be detrimental to the quality of care, nursing practices, and safety, which suggests that communication competence, is a required skill in the nursing profession.

Effective communication is one of the foundations of good nursing care. Effective nurse patient communication can improve quality of care, clinical outcomes, and a nurse patient relationship that enhances patient satisfaction. The higher interaction during nursing care between nurses and patient, the higher outpatient's satisfaction will be (Kartika *et al.* 2018). Achmad, *et.al* (2019) stated that nurse therapeutic communication can

increase the inpatient satisfaction, such as aspect of empathy, nursing support, openness, and positive attitudes of nurse.

Good communication means approaching every patient interaction with the intention to understand the patient's concerns, experiences, and opinions. Andriyanto (2019) stated that when nurse and patient communicate, there are communication barriers that can affect the health service quality, such as nurse lack of attention, difference in language, nurse reluctance to communicate, language difficulty, gender incompatibility, limited nurse communication skill, etc.

In effective communication, especially verbal communication or conversation, the speaker and the listener tend to work together so the conversation and communication can run well. Therefore, there is principle in communication called cooperative principle. To achieve effective communication, a speaker and listener have to fulfill cooperative principles which consist of four maxims: quantity, quality, relation, and manner (Grice, 1975 as cited in Moeschler, 2012).

Cooperative principle is the assumption that participants in a conversation normally attempt to be informative, truthful, relevant, and clear. The concept was introduced by philosopher Herbert Paul Grice in his article "Logic and Conversation". Grice expanded his cooperative principle with four conversational maxims; quantity, quality, manner, and relation. Quantity; say no less than the conversation requires, say no more than the conversation requires. Quality; don't say what you believe to be

false and don’t say things for which you lack evidence. Manner; don’t be obscure, don’t be ambiguous, be brief, be orderly. Relation; be relevant (Grice, 1975 as cited in Moeschler, 2012).

Nurses are not only required to be more communicative but also cooperative in interacting and communicating with patients. Good cooperation in a conversation will facilitate the exchange of information and facilitate the delivery of the intended purpose. The appropriateness of the information obtained from this cooperation is what makes this principle of cooperation so important.

1.2 Research Questions

Taking into account all aspects mentioned above, this research will place emphasis on nurse-patient communication during medical interaction. The formulated research questions are as follows:

1. What are the features or communication strategies of nurse-patient communication during medical interaction at public hospital of Daya Makassar?
2. How do these strategies affect the nurse-patient mutual understanding during medical interaction?
3. How is Grice’s theory of cooperative principle applied in nurse-patient communication during medical interaction?

1.3 Objectives of the Research

In accordance with the research questions above, this research has the following objectives:

1. To analyse the features or communication strategies of nurse-patient communication during medical interaction at public hospital of Daya Makassar.
2. To reveal the strategies those affect the nurse-patient mutual understanding during medical interaction.
3. To reveal the Grice's theory of cooperative principle that is applied in nurse-patient communication during medical interaction.

1.4 Scope of the Research

This research is directed to the nurse-patient communication during medical interaction. Nurses are those who have the ability to carry out nursing actions based on knowledge that has been obtained through nursing education. Patient refers to a sick person who is treated by a nurse. Nurse and patient communicate using therapeutic communication that is communication that occurs between nurses and patients with the aim of solving patient problems with the intention of changing patient behavior towards healing. Therapeutic communication has five phases, namely pre-interaction phase, introductory phase, orientation phase, working phase, and termination phase. Nurse and patient communicate whether verbal and non-verbal with cooperative principle (maxim of quantity, maxim of quality, maxim of manner, and maxim of relation) that can affect the mutual understanding.

1.5 Significances of the Research

The findings of this research will enrich our insights in the field of pragmatics with reference to nurse-patient communication in two broad aspects, both theoretical and practical. From theoretical perspectives, this research can be a reference to better understand and develop research in pragmatics, especially regarding the nurse-patient communication during medical interaction. With reference to practical, this research will enrich the awareness of nurse in general in understanding the nature of two ways communication during medical interaction. In particular, it will enrich the perspectives of nursing students in understanding how engagement of interaction with reference to nurse-patient communication during medical interaction, so the nursing students can apply this communication to their patients at the workplace.

CHAPTER II

LITERATURE REVIEW

2.1 Previous Studies

There are several studies that have been conducted in relation to nurse and patient in various contexts. In this section, the researcher reviews several studies in the same field regarding nurse and patient using various approaches.

The first study was written by Vitale *et al.* (2021), entitled *The quality of patient-nurse communication perceived before and during the COVID-19 Pandemic: An Italian pilot study*; by using the quantitative method as research design. They found that while nurses saw the use of the face mask as just another barrier to successful communication between nurse and patient, the patient accepted its usage voluntarily. It might instead be regarded as the emotional and caring overburden that every nurse had accumulated throughout the Covid-19 outbreak, in addition to the constant fear of spreading the disease that had consumed nurses' daily lives.

This research has similarities with the research that is conducted by researcher, namely they both discuss nurse and patient communication. It’s just that their research focus more on the quality of patient-nurse communication by using masks when the covid 19 pandemic occurs. Meanwhile, the current research by researcher is more focuses on communication strategies used by nurses so that there is mutual

understanding with patients. Another difference can be seen in the research method used. Their research used quantitative method, while the researcher in the current study used qualitative method.

Second, *Nurse-patient communication: A quality assessment in public hospital* using a cross-sectional study as research design; they found that nurses who have been employed for a longer period of time, offer nursing care during morning shifts, and work in surgery divisions have better patient communication. Thus, nurses with a shorter career history should be more attentive when speaking with patients. Also, they found that to ensure the effectiveness of communication with patients, it is important to take steps to maintain the physical and mental well-being of nurses working afternoon or late shifts or in internal medicine departments (Tran *et al*. 2020).

Previous research used a cross-sectional study with questionnaire for observing and assessing nurse-patient communication and focused on variables that affect the quality or effectiveness of communication between nurses and patients. The current research uses qualitative research method using observation, video recording, and interview as instruments of data collection and focuses on the features or communication strategies used by nurses to patients.

The third previous study was written by Umbima *et al*. (2015), entitled *A Pragmatic analysis of communication strategies used by healthcare providers and patients at Kitale County Referral Hospital* using

a descriptive research design. They found that the quality maxim is almost always followed in doctor-patient interactions because participants understand the importance of accuracy in the treatment of medical issues. However, in the process of expressing sentiments and emotional feelings and avoiding undesirable outcomes, other adages of quantity, relation, and manner are occasionally broken. Patients and medical professionals are likely to misinterpret instructions when maxims are broken, thus it is important to make sure they are followed when communicating.

Previous research has similarities with the current research, namely discussing Grice's theory. However, the current research focuses more on the application of Grice's theory to nurse-patient communication, not doctor-patient communication. The data collection instruments used are almost the same, only different in the use of interview where the current research adds interview as a data collection instrument besides observation and video recording.

Fourth, *Nursing Communication as a Tool for Patient Satisfaction. A Single Hospital Survey* using descriptive research as research design. This research aimed to evaluate the patient satisfaction degree related to nursing communication by using questionnaire. They found that the importance of communication as a tool to improve patient care. Nursing communication is the key to establishing a good therapeutic care relationship and it can be related to patient satisfaction (Barilaro *et al*. 2019).

This study discussed about nurse communication but it was more connected with patient satisfaction not on how communication is used in medical interactions. In addition, they used a questionnaire as a data collection instrument.

The fifth study was written by Lotfi *et al.* (2019), entitled *Assessment of nurse-patient communication and patient satisfaction from nursing care*; by using descriptive-correlational study as research design. According to this study, the majority of participants were dissatisfied with the nursing care they received, and nurse-patient communication was of very poor quality. The study came to the conclusion that professional communication between nurses and patients should receive special attention, and that using effective communication techniques may raise patients' levels of satisfaction with nursing care.

This research has similarities with the research that is conducted by researcher about nurse communication but their research was more associated with patient satisfaction not on how communication is used in medical interactions. They used a questionnaire as a data collection instrument, different from the current study, did not use a questionnaire as an instrument of data collection.

Taking into account the previous studies above, it can be seen that there are several studies conducted by discussing nurse communication but existing research links nurse communication with patients's satisfaction and the quality of nurse communication. This is a

consideration for researcher to conduct research on nurse-patient communication with more specialization on how the use and application of communication used by nurses to patients.

2.2 Theoretical Background

2.2.1 Pragmatics

Pragmatics deals with the utterance by which we will mean specific events, the intentional acts of speakers at time and places, typically involving language. The focus of pragmatics analysis is in meaning on the word or sentence. Levinson (1983) as cited in Agustini (2017) defines that pragmatics is the study of the relations between language and context that are basic to an account of language understanding. Pragmatics is the study of how utterance have meaning in situation (Leech, 1983 as cited in Agustini, 2017). Yule (1996) states that pragmatics is the study of relationship between linguistic form and the users of that form. Pragmatics concentrates on the aspects of meaning that cannot be predicted by linguistic knowledge alone and takes into account of knowledge about physical and social world. The advantage of studying language via pragmatics is that one can talk about people's intended meaning, their assumption, their purpose or goals and also kind of action.

Richard as cited in Karim (2011) states that pragmatics is especially interested in the relationship between language and context. It includes the study of how interpretation of language is made depending on

the speaker's knowledge, how speakers use and understand utterances, and how the structure of sentences is influenced by relationship between speakers and hearers.

Grundy (2000) also states that pragmatics is the study of language used in contextualized communication and the usage principles associated with it. So Pragmatics concerns about the function of language in communication and the speakers' intention or meaning while stating utterance toward hearer.

The scope of pragmatics is very wide. Pragmatics has some fields in its study, i.e. deixis, speech acts, conversational implicature, and cooperative principles. Birner (2012) states that the term deixis is used to the phenomena of using a linguistic expression to point some contexts. In other words, deixis is used for referring something depends on speaker's context. While speech act as another topic is believed as a word that could performs an action (Yule, 1996). The acts performed can be making statements, promise, request, or giving commands. Then, conversational implicature is something meant, implied, or suggested deeper from what is said (Yule, 1996). It is mostly about a speaker's utterance that can be understood by interpreting the meaning based on the context.

a. Conversational Implicature

In his article "Logic and Conversation" Grice (1975) as cited in Hossain (2021) introduced a term in pragmatics study, the verb implicate and the related nouns implicature (implying) and implicatum (what is

implied). Grundy (2000) stated that Grice deliberately chose the word “implicature” to cover any meaning that is implied, i.e., conveyed indirectly or through hints, and understood implicitly without ever being explicitly stated. Therefore, a conversational implicature is something which is implied in conversation, that is, something which is left implicit in actual language use (Mey, 1993).

Grice (1975) as cited in Hossain (2021) made a very general distinction between what is said by a speaker and what he means or implicates. He gave a very popular example to explain the differences between them. Suppose that A and B are talking about a mutual friend, C, who is now working in a bank. A asks B how C is getting on in his job.

A: How C is getting on his job?

B: Oh quite well, I think. He likes his colleagues, and he hasn’t been to prison yet.

Grice explained that at this point, A might well inquire what B was implying, what he was suggesting, or even what he meant by saying that C had not yet been to prison. The answer might be any one of such things as that C is the sort of person likely to yield to the temptation provided by his occupation that C’s colleagues are really unpleasant and treacherous people, and so forth. It might, of course, be quite unnecessary for A to make such inquiry of B, the answer to it being, in the context, clear in advance. I think it is clear that whatever B

implied, suggested, meant, etc., in this example is distinct from what B said, which was simply that C had not been to prison yet.

According to Griffiths (2006) conversational implicatures are inferences that depend on the existence of norms for the use of language, such as the wide spread agreement that communicators should aim to tell the truth. He mentions that it is for historical reason that conversational is part of the label. Implicatures arise as much in other speech genres and in writing as they do in conversation, so they are often just called implicatures. Speakers, writers, addressees assume that everyone engaged in communication knows and accept the communicational norms. This general acceptance is an important starting point for inferences, even if individuals are sometimes unable to meet the standards or occasionally cheat (for instance, telling lies).

According to Laurence and George (2004) implicature is a component of speaker meaning that constitutes an aspect what is meant in a speaker's utterance without being part of what is said. What a speaker intends to communicate characteristically far richer than what s/he directly expresses; linguistic meaning radically underdetermines the message conveyed and understood.

In addition, According to Yule (1996) implicature is an implicit meaning or additional conveyed meaning behind the utterance. In short, implicature is implicit meaning; what the speaker says is not what the speaker means, or what is said is not what is meant. The

speaker more often means much more than the words they utter in order for them to be interpreted by the addressee. To interpret the additional meaning, we have to assume that the cooperative principle is in operation.

Grundy (2000) also gave example: One Saturday morning He went in when the post office had just opened.

Post master : It's a nice morning, isn't it?

Peter : Not bad.

Post master : It will be better at one o'clock

Grundy understood him to mean that he would be happier when the post office had closed, but again, he never explicitly stated this. For the present, it is sufficient to notice that the context is very important in determining what someone means by what they say. Knowing that the post office closes at one o'clock on a Saturday enables us to understand what is meant by saying "it will be better at one o'clock". And because it's part of their culture to believe that people find it hard to think properly early in the morning.

The example above shows us how important context is in helping us to understand utterances. In the case of implicature, context helps us to determine what is conveyed implicitly but not explicitly stated by the speaker.

According to Thomas (1995) an implicature is generated intentionally by the speaker and may (or may not) be understood by the hearer or the addressee. We can see how this operates in this example.

Anne: We must remember your telephone bill

(hinting that Louisa had talked long enough)

Louisa: Goodbye

Based on the example above, the speaker actually means more than her words “We must remember your telephone bill”, she is hinting or indicating indirectly that she wants to finish the telephone conversation.

Thomas (1995) states that to imply is to hint, suggest or convey some meaning indirectly by means of language. We have seen how this operates in example, where the speaker hints or indicates indirectly that she wants to finish the telephone conversation. It is sufficient to notice that the context is very important in determining what someone means by what they say. Given different context, we would have understood that the same utterances will have different meaning. Yule (1996) adds that people involved in a conversation will cooperate with each other.

b. Cooperative Principle

Grice (1975) as cited in Moeschler (2012) stated that when people communicate, they assume and they will be conversationally cooperative without realizing it. This cooperative conversation can be achieved in the forms of maxims which are same as rules. He adds that these set of assumptions can guide people to formulate the efficient and effective use of language in a conversation. The guidelines called maxims are formed in four basic maxims of conversation which together express a

general Cooperative Principle. Hence, to achieve effective communication, a speaker and hearer have to fulfil cooperative principles which consist of four maxims: quantity, quality, relation, and manner.

1. Maxim of Quantity

Maxim of quantity as one of the cooperative principle is primarily concerned with giving information as it is required and that not giving the contribution more information than it required. A speaker can expected to give enough information, adequate relative, and as information as possible. That information can not exceeding the real information used by saying partner. And say as much as helpful but not more informative or less informative. Finnegan (2004) defines that the maxim of quantity provides that in normal circumstance, speakers say just enough, that they supply no less information and no more than in necessary for the purpose of the communication, for example:

- A: Where is the bank?
- B: In the next of that store.

It can be seen that B information is informative and give enough contribution toward A's question about the exact location of bank.

2. Maxim of Quality

The maxim of Quality proposes that the speaker should tell the truth in a conversation in order to communicate cooperatively. Grice (1975) as cited in Moeschler (2012) states that when engaged in conversation, the Maxim of Quality requires that you:

- Do not say what you believe to be false.
- Do not say that for which you lack adequate evidence.

For example:

- A: Where is Borobudur temple located?
- B: In Yogyakarta.

Here, B gives the correct answer which shows about the true fact.

3. Maxim of Manner

Maxim of manner obligates speaker's utterance to be perspicuous which is not to be ambiguous, obscure, or disorderly and unnecessary prolixity (Grundy, 2000). Therefore, each participant's contribution should be reasonably direct, that is, it should not be vague, ambiguous or excessive wordy. For example:

- A: What did you think of that movie?
- B: I really like of the romance action of each player. They can play their role as like the real life.

The answer of B is categorized as maxim of manner. She can answer the question from her partner about the movie clearly.

4. Maxim of Relation

Maxim of relation means that the utterance must be relevant which the topic being discussed. Finegan (2004) states that this maxim directs speakers about their utterance in such a way that they are relevant to ongoing context: Be relevant at the time of the utterance. The maxim of relevant is fulfilled when speaker gives contribution that is relevant to the

topic of preceding utterance. Therefore, Grundy (2000) says that each participant's contribution should be relevant to the subject of conversation, for example:

- A: How about your exam Edi?
- B: Good enough

From the example, Edi's utterance fulfilled the maxim of relevance, because his answer is relevant with the question.

From the explanation above, we can conclude that although it is very difficult to obey and use all of the cooperative principles and its maxim in uttering or writing the sentences, but it is essential to follow the cooperative principle in order communication run more effectively.

2.2.2 Communication

There are several meanings of communication according to experts. According to Hardjana (2016) Communication is an activity in which a person conveys a message through certain media to other people and after receiving the message then responds to the sender of the message. Based on Mulyana (2015) Communication is a process of sharing meaning through verbal and non-verbal behavior carried out by two or more people. Communication is the process of transferring information, understanding from someone, somewhere, or something to something, place or someone else (Sikula, 2017).

Based on the definition quoted from Effendy (2003) which refers to Harold Lasswell's paradigm, there are elements of communication in the communication process, namely:

1. Sender is a communicator who conveys a message to someone or a number of people.
2. Encoding is the process of transferring thoughts into symbols.
3. Message is a meaningful set of symbols conveyed by the communicator.
4. Media is a communication channel where messages pass from communicators to communicants.
5. Decoding is the process by which the communicant determines the meaning of the symbol conveyed by the communicator as it is.
6. Receiver is the communicant who receives the message from the communicator.
7. Response is a set of reactions to the communicant after receiving the message.
8. Feedback is the communicant's response when the message is conveyed to the communicator.
9. Noise is an unplanned disturbance, occuring in the communication process as a result of receiving another message by the communicant that is different from the message conveyed by the communicator to him.

According to Dwiantara (2015), the term of communication consists of:

1. Interpersonal Communication

   Interpersonal communication is basically a communication process that is carried out by two or more people directly or face to face and dialogically.

2. Group Communication

   Group communication is basically a communication process carried out by a number of people with the norms and roles determined by the group.

3. Mass Communication

   Mass communication is a form of communication that uses media (channels) to connect communicators and communicants in bulk, in large numbers, living far away (dispersed), very heterogeneous and causes certain effects.

Based on Mulyana (2015), in daily relationships, communication is divided into two forms, namely:

1. Verbal Communication

   Verbal communication includes messages that use one or more words, from all interactions that are consciously included in the intentional category that are carried out consciously to other people, whether using orally or in writing.

2. Non-verbal Communication

Non-verbal communication is communication that does not use words. This communication includes all stimulations except verbal stimulation in a communication system and unconsciously these non-verbal messages are meaningful to others.

According to Suharno (2016) there are five functions of communication, namely:

1. To Inform

   It can be said that the main activity in communication is conveying messages and information.

2. To Educate

   Ideally, the information conveyed to the communicant, especially in mass media communication, should emphasize educational aspects.

3. To Entertain

   Apart from the pros and cons regarding healthy and unhealthy entertainment, what is clear is that information packaged especially in mass communication has an entertaining function and purpose.

4. Surveillance

   Communication, both mass and interpersonal basically has a supervisory function.

5. To Influence

   The message conveyed in the communication process basically aims to influence the communicant.

Based on Effendy (2015) there are four communication purposes:

1. To change the attitude, that is the attitude of individuals or groups towards something changes based on the information they receive.
2. To change opinion, that is the opinion of the individual or group towards something changes based on the information they receive.
3. To change the behavior, namely the behavior of individuals or groups Towards something to be changed on the information received.
4. To change the society, that is the social level of individuals or groups towards something changes based on the information they receive.

a. Interpersonal Communication

According to Budyatna and Ganiem (2011) interpersonal communication is the process through which people create and manage their relationships, carrying out reciprocal responsibilities in creating meaning. Interpersonal communication is communication between people face to face, which allows each participant to capture the reactions of others directly both verbally and non-verbally (Widjaja, 2000).

Based on Cangara (2011) interpersonal communication is divided into two types, namely dyadic communication and small group communication.

a. Dyadic communication is a communication process that takes place between two people in a face-to-face situation. Dyadic communication according to Wayne Pace quoted by Cangara (2011) can be done in three forms, namely conversation, dialogue, and interview.

Conversations take place in a friendly and informal atmosphere, dialogues take place in a deeper and more personal atmosphere, while interviews are more serious in nature, namely the dominant party is in the position of asking and the other is in the position of answering.

b. Small group communication is a communication process that takes place between three or more people face to face where the members interact or are involved in a communication process that takes place face to face. In addition, the conversation takes place in pieces where all participants speak in the same position or no single speaker dominates the situation. In situations like this, all members usually act as sources and also as recipients, as is often found in study groups and discussion groups.

Cangara (2011) quotes the opinion of Asnawir and Basyiruddin, mentioning six characteristics that determine processes in interpersonal communication as follows.

a. Interpersonal communication begins with oneself. Various perceptions related to observation and understanding come from within ourselves, which means it is limited by who we are and how experience ourselves.

b. Interpersonal communication is transactional. This understanding refers to the process of exchanging meaningful messages between those who interact, namely reciprocal and sustainable.

c. Interpersonal communication includes aspects of message content and quality of relationships, meaning that in the process of interpersonal communication it does not only the content of the message, but related to the nature of the relationship in the sense of who our communication partner is and how our relationship with the partner is.
d. Interpersonal communication requires physical proximity between the communicating parties, if the communicating parties are face to face, interpersonal communication is more effective.
e. Interpersonal communication involves parties who are interdependent on each other in the communication process. This indicates that interpersonal communication involves the emotional realm so that emotional interdependence between the communicating parties.
f. Interpersonal communication cannot be changed or repeated or a statement cannot be repeated in the hope of getting the same result because in the process of interpersonal communication it is very dependent on the response of the communication partner.

Stuart and Sundeen as quoted in Suciati (2015) stated several things about the general goals of a therapeutic relationship, namely:

a. Increased client awareness, acceptance, and self-esteem.
b. Understanding of identity, self and self-integration increases.
c. The ability to build close relationships, personal independence, skills to receive, and give affection increases.

d. Self-fulfillment of needs and realistic goals increase.

b. Therapeutic Communication

Nurse-patient communication, also known as therapeutic communication, is communication that occurs between nurses and patients with the aim of solving patient problems with the intention of changing patient behavior towards healing (Mundakir, 2006). According to Tamsuri (2004) interpersonal communication which is also called therapeutic communication is communication that is carried out consciously, aims to improve health and its activities are focused on healing the patient.

In the context of nursing services to clients, first of all the client must believe that nurses are able to provide nursing services in overcoming their problems, likewise nurses must be trusted and relied on for the abilities that nurses have (Simamora, 2013).

By having therapeutic communication skills, nurses will more easily establish a relationship of mutual trust with clients so that they will be more effective in achieving the goals of nursing care that have been applied to provide professional satisfaction in nursing services and will improve the profession (Damaiyanti, 2012).

According to Berman *et al.* (2003), there are sixteen techniques of therapeutic communication. They are:

1. Using silence

This technique refers to accepting pauses or silences that may extend for several seconds or minutes without interjecting any verbal response. Examples could be illustrated as a nurse sitting quietly (or walking with the patient) and waiting attentively until the patient is able to put thoughts and feelings into words.

2. Providing general leads

Using statements or questions that encourage the patient to verbalize, choose a topic of conversation, and facilitate continued verbalization. Examples of providing general leads:

- “Can you tell me how it is for you?”
- “Perhaps you would like to talk about…”
- “Would it help to discuss your feelings?”
- “Where would you like to begin?”
- “And then what?”

3. Being specific and tentative

When communicate, making statements that are specific and tentative rather than general and absolute. Also, asking broad questions that lead or invite the patient to explore thoughts or feelings. Examples:

- “Rate your pain on a scale of 0-10.” (specific statement)
- “Are you in pain?” (general statement)
- “You seem unconcerned about your diabetes.” (tentative statement)

- “You don’t care about your diabetes and you never will.” (absolute statement)

4. Using open-ended questions

When communicate, asking broad questions that lead or invite the patient to explore thoughts or feelings. Open-ended questions specify only the topic to be discussed and invite answers that are longer than one or two words. Examples of open-ended questions could be:

- “I’d like to hear more about that.”
- “Tell me about…”
- “How have you been feeling lately?”
- “What brought you to the hospital?”
- “What is your opinion?”
- “You said you were frightened yesterday. How do you feel now?”

5. Using touch

Actively listening for the patient’s basic message and then repeating those thoughts and/or feelings in similar words. This conveys that the nurse has listened and understood the patient’s basic message and also offers patients a clearer idea of what they have said. An emphasis could be done by putting an arm over the patient’s shoulder, of placing a hand over the patient’s hand.

6. Restating or paraphrasing

Actively listening for the patient's basic message and then repeating those thoughts and/or feelings in similar words. This conveys

that the nurse has listened and understood the patient's basic message and also offers patients a clearer idea of what they have said.

- Patient: "I couldn't manage to eat any dinner last night— not even the dessert."
- Nurse:"You had difficulty eating yesterday."
- Patient:"Yes. I was very upset after my family left."
- Nurse:"You find it difficult talking to people you do not know?"
- Patient:" I have trouble talking to strangers."

7. Seeking clarification

It is a method of making the patient's broad overall meaning of the message more understandable. It is used when paraphrasing is difficult or when the communication is rambling or garbled. To clarify the message, the nurse can restate the basic message or confess confusion and ask the patient to repeat or restate the message. Nurses can also clarify their own message with statements, e.g.

- "I'm puzzled."
- "I'm not sure I understand that."
- "Would you please say that again?"
- "Would you tell me more?"
- "I meant this rather than that."
- "I'm sorry that wasn't very clear. Let me try to explain another way."

8. Perception check or seeking consensual validation

It is defined as a method similar to clarifying that verifies the meaning of specific words rather than the overall meaning of a message, e.g.

- Patient: "My husband never gives me any presents."
- Nurse: "You mean he has never given you a present for your birthday or Christmas?"
- Patient:"Well—not never. He does get me something for my birthday and Christmas, but he never thinks of giving me anything at any other time."

9. Offering self

It is used to suggest one's presence, interest, or wishes to understand the patient without making any demands or attaching conditions that the patient must comply with to receive the nurse's attention. Or, providing, in a simple and direct manner, specific factual information the patient may or may not request. When Information is not known, the nurse states it and indicates who has it or when the nurse will obtain it.

- "I'll stay with you until your daughter arrives."
- "We can sit here quietly for a while; we don't need to talk unless you would like to."
- "I'll help you to dress to go home, if you like."

10. Giving information

This aims at providing, in a simple and direct manner, specific factual information the patient may or may not request. When information is not known, the nurse states this and indicates who has it or when the nurse will obtain it.

- "Your surgery is scheduled for 11AM tomorrow."
- "You will feel a pulling sensation when the tube is removed from your abdomen."
- "I do not know the answer to that, but I will find out from Mrs. King, the nurse in charge."

11. Acknowledging

Giving recognition, in a non-judgmental way, of a change in behaviour, an effort the patient has made, or a contribution to a communication. Acknowledgment may be with or without understanding, verbal or non-verbal.

- "You trimmed your beard and mustache and washed your hair."
- "I notice you keep squinting your eyes. Are you having difficulty seeing?"
- "You walked twice as far today with your walker."

12. Clarifying time or sequence

It is carried out to help the patient clarify an event, situation, or event related to time.

- Patient:"I vomited this morning."

- Nurse:"Was that after breakfast?"
- Patient: "I feel that I have been a sleep for weeks."
- Nurse:"You had your operation Monday, and today is Tuesday."

13. Presenting reality

This usually refers to a circumstance where a nurse helps the patient to differentiate the real from the unreal.

- "That telephone ring came from the program on television."
- " I see shadows from the window coverings."
- "Your magazine is here in the drawer. It has not been stolen."

14. Focusing

This technique is meant to help the patient expand on and develop a topic of importance. It is important for the nurse to wait until the patient finishes stating the main concerns before attempting to focus. The focus may be an idea or a feeling; however, the nurse often emphasizes a feeling to help the patient recognize an emotion disguised behind words.

- Patient:"My wife says she will look after me, but I don't think she can, what with the children to take care of, and they're always after her about something—clothes, homework, what's for dinner that night."
- Nurse:"Sounds like you are worried about how well she can manage."
- Patient:"My wife says she will look after me, but I don't think she can, what with the children to take care of, and they're always after

her about something—clothes, homework, what's for dinner that night."

- Nurse:"Sounds like you are worried about how well she can manage."

15. Reflecting

This technique was used when a nurse intended to direct ideas, feelings, questions, or content back to patients to enable them to explore their own ideas and feelings about a situation.

- Patient: What can I do?
- Nurse: What do you think would be helpful?
- Patient: Do you think I should tell my husband?
- Nurse: You seem unsure about telling your husband.
- Patient: What can I do?
- Nurse: What do you think would be helpful?
- Patient: Do you think I should tell my husband?
- Nurse: You seem unsure about telling your husband.

16. Summarizing and planning

Such technique is commonly found when a nurse states the main points of a discussion to clarify the relevant points discussed. This technique is useful at the end of an interview or to review a health teaching session. It often acts as an introduction to future care planning.

- "During the past half hour we have talked about... "
- "Tomorrow afternoon we may explore this further."

- "In a few days I'll review what you have learned about the actions and effects of your insulin."
- "Tomorrow, I will look at your feeling journal."

Based on Tamsuri (2004), the stages of therapeutic communication are:

1. Pre-interaction Phase.

Pre-interaction is a preparation period before connecting and communicating with patients. If the patient is not willing to communicate, the nurse should not force the patient to speak or express his feelings.

The nurse reviews pertinent assessment data and knowledge, considers potential areas of concern, and develops plans for interaction. The required skills for the nurse include: organizing data gathering, recognizing limitations as well as seeking assistance as required.

2. Introductory Phase.

At this stage the nurse and patient begin to develop interpersonal communication relationships, namely by greeting, smiling, providing hospitality to patients, introducing themselves, asking the patient’s name and asking for patient complaints and so on.

It could be accomplished in several steps. Opening the relationship is the first step. Both patient and nurse identify each other by name. When the nurse initiates the relationship, it is important to explain the nurse's role to give the patient an idea of what to expect. When the patient initiates the relationship, the nurse needs to help the patient

express concerns and reasons for seeking help. The subsequent step is to clarify the problem. Vague open-ended question, such as "What's on your mind today?" is helpful at this stage because the patient initially may not see the problem clearly the nurse's major task is to help clarify the problem. The nurse activity involves attentive listening, paraphrasing, clarifying, and other effective communication techniques. A common error at this stage is to ask too many questions to the patient instead of focusing on priorities. The last step is in term of structuring and formulating the contract (obligations by both the nurse and patient). Nurse and patient develop a degree of trust and verbally agree about (a) location, frequency, and length of meetings, (b) overall purpose of the relationship, (c) how to handle material confidential, (d) tasks to be accomplished, and (e) duration and indications for termination of the relationship.

3. Orientation Phase.

The purpose of the orientation stage is to check the patient's condition, validate the accuracy of the data, plan that has been made with the patient's condition at that time, and evaluate the results of the action. At this stage, a warm touch from the nurse and feelings of sympathy and empathy are needed so that the patient feels calm and feels valued.

4. Working Phase.

The work stage is the core of the nurse and patient relationship which is closely related to the implementation of interpersonal

communication. The nurse focuses on the direction of speaking on specific issues, namely about the patient's condition and the patient's complaints.

This is the phase where a nurse and his/her patient accomplishes the asks outlined in the introductory phase, enhance trust and rapport, and developing care. This stage includes two activities: exploring thoughts and feelings, and taking action. The former requires the nurse to assist the patient to explore thoughts and feelings, and acquires an understanding of the patient. Meanwhile, the latter, insists on planning programs within the patient's capabilities and considers long-and short-term goals. The patient needs to learn to take risks (i.e., accept that either failure or success may be the outcome). The nurse needs to reinforce successes and help the patient recognize failures realistically. The abilities required are decision-making, goal-setting, and reinforcement skills; as for the patient: risk taking is a common situation.

5. Termination Phase.

Termination is the final stage in interpersonal communication and the end of the meeting between the nurse and the patient.

Nurse and patient accept feelings of loss. The patient accepts the end of the relationship without feelings of anxiety or dependence. The skills required for the nurse in this stage is summarizing. On the part of the patient, he/she needs the ability to handle problems independently.

Nurses who take the time to listen and understand the concerns of each of their patients are better prepared to address issues as they arise, resulting in better patient outcomes.

c. Verbal and Non-Verbal Communication

According to Potter and Perry as cited in Arwani (2002) there are two ways to communicate skills, namely verbal and non-verbal communication. Verbal communication includes the use of words or writing and is strongly influenced by several factors, namely denotative and connotative meaning, vocabulary, pacing, intonation, clarity and brevity, timing and relevance.

Effective verbal communication that is applied therapeutically, namely (Mubarak, 2007):

1. Clear and concise. Effective communication is a must simple, short and direct. Message reception is necessary know what, why, how, when, who, and where. Concise by using words that express ideas simply.
2. Easy to understand. Communication will not work, if the sender of the message is not capable translating words or speech. The technical terms are used in nursing, and if this used by the nurse, the patient may be confused or not able to follow directions or learn important information.
3. Convey the same meaning of the words used.
4. Speed and appropriate speech tempo also determine the success of verbal communication. Long interrupts and fast switching on another

subject of conversation might make an impression that the nurse is hiding something against patient. Nurses should not speak quickly so the words are clear. Interrupts need to be used for emphasizing on a particular thing, giving time to listeners to hear and understand the meaning of words. Proper interruption can be done by thinking what to say before saying it, looking at nonverbal cues that the listener might show. The nurse can also ask the patient if he/she speaks too slow or too fast and whether necessary to repeat.

5. The right time is very important to capture messages. When the patient is crying because of pain, it is not the time to explain the risks of surgery. Although the message is pronounced clearly and briefly, however inappropriate time can prevent accurate message reception. Nurses must be sensitive to timeliness for communicate. Likewise verbal communication will be more meaningful if the conveyed message is related to interest and patient needs.

Non-verbal communication is the transfer of messages without using words. It is the most convincing way to convey messages to other. Liliweri (2004) divides non-verbal messages as follows:

1. Kinesic is a non-verbal message that is implemented in the form of body or limb sign language.
2. Proxemics, namely non-verbal language that is addressed by space and distance between individuals and other people when communicating or between individuals and objects.

3. Haptics are often called zero proxemics meaning that there is no more distance between two people when communicating.
4. Paralinguistics includes every use of sound so that it is useful if we want to interpret verbal symbols.
5. Artifacts in non-verbal communication with various material objects around us, then how these objects are used to display messages when used.
6. Logos and colors, creations of designers to create logos in counseling which is the work of business communication, but this working model can be emulated in health communication.
7. Physical appearance of the body, we often have a certain impression of the physical appearance of the person we are talking to. We often judge someone from their skin color, body type (thin, fat, etc).

Attitudes are non-verbal communication carried out through body movements (Machfoedz, 2009) consisting of:

1. Facial expressions: the position of the mouth, eyebrows, eyes, smile and others, the nurse really needs to validate the perception of the patient's facial expressions so that the nurse does not misperceive what is observed from the client.
2. Gestures (movements, gestures, attitudes), attitudes or ways to present oneself physically so as to facilitate therapeutic communication.

3. Body movements and postures, bending towards the patient is a position that shows the desire to say to keep communicating.
4. Eye movement is movement or eye contact which is defined as looking directly into another person's eyes. Eye contact is an activity that respects the patient and expresses a desire to keep communicating.

According to Egan as cited in Harnawatiaj (2008), there are five attitudes that can facilitate therapeutic communication namely:

1. Face to face. The meaning of this position is "I am ready for you."
2. Maintain eye contact. Eye contact at the same level means respecting the client and expressing a desire to keep communicating.
3. Bend over to the client. This position indicates a desire to say or hear something.
4. Maintaining an open stance, not folding your legs or arms shows an openness to communicate.
5. Stay relaxed. Still able to strike a balance between tension and relaxation in responding to clients.

d. Nurse and Patient

Nursing is a process of placing the patient in the best condition for activity. According to Roger as cited in Ali (2001), nursing is knowledge aimed at reducing anxiety about maintaining and improving health, preventing disease, caring for and rehabilitating sick people and people with disabilities.

King as quoted in Ali (2001) stated that nursing is a process of action and interaction by nurses to pain, to assist patients of various age groups in meeting their needs and dealing with their health status at certain times in a life cycle.

According to International Council of Nursing, a nurse is someone who has completed nursing education who meets the requirements and is authorized in the country concerned to provide nursing services that are responsible for improving health, disease prevention and patient care (Widyawati, 2012).

Based on UU RI No. 23 of 1992 concerning health, nurses are those who have the ability and authority to carry out nursing actions based on knowledge that has been obatained through nursing education (Widyawati, 2012).

Nurses according to Henderson as quoted in Ali (2001) are helping individuals who are healthy or sick, from birth to death so that they can carry out daily activities independently by using the strength, will, or knowledge possessed by a nurse. Therefore, nurses try to create good relationships with patients to heal (healing process) and improve health.

Rifiani and Sulihandari (2013) stated the main role of the nurse is as follows; First, as a caregiver. The role of the nurse as a cregiver is carried out by showing the basic human needs through the provision of nursing services. Nursing services are carried out from the simplest to the most complex, according to the needs of the patient.

Second, as a client advocate. The role of the nurse as aclient-oriented advocate helps or serves clients in interpreting as information and service providers, especially in making informed consent for nursing actions. Nurses also play a role in defending and protecting the patient's rights including the right to the best possible service, the right to information abouthis illness, the right to personal freedom, the right to help his own destiny, and the right to receive compensation due to negligence committed by health workers.

The third is as a counselor. The nurse's role as a counselor is when the client explains his feelings and rights related to his situation.

Fourth as an educator. The role of the nurse as an educator, assists clients in increasing the level of health knowledge, symptoms of disease and even the actions given so that there is a change in the behavior of the client after health education is carried out.

Fifth as coordinator. The nurse coordinates, namely directing, planning, and coordinating the health services of the health team so that health care providers can understand and practice according to the client's needs.

Sixth as a collaborator. The role of the nurse is working together and or through a health team consisting of health workers such as doctors, nurses and so on. Together trying to identify nursing services needed by clients. Efforts were made starting from discussions, to determine the right

service. Nurses cannot carry out this role if they do not work together with other health workers.

Seventh as a consultant. The role of the nurse as a consultant is as a place to ask questions and consult. By planning, cooperating, systematic and directed changes in accordance with the method of providing nursing services.

In carrying out their role, nurses will carry out various functions (Rifiani and Sulihandari, 2013), namely:

1. The independent function means the nurse does not depend on other people where the nurse in carrying out her duties is carried out jointly with her own decisions in taking action to meet basic human needs.
2. The dependent function is the function of the nurse in carrying out her activities on messages or instructions from other nurses.
3. Interdependent functions are functions carried out in group of teams that are interdependent between one team and another.

In establishing relationships with clients,nurses have several roles that need to be considered (Rifiani and Sulihandari, 2013), including the following:

1. Comfort provider. Comfort is a subjective feeling in humans. People who became clients in nursing care have a relative need for comfort. They expect nurses to meet their comfort needs. Therefore, the role of the nurse as a provider of comfort is a role that is quite important for the creation of a good nursing image. A professional nurse is expected

to be able to create comfort for the client when the client is undergoing nursing.

2. Communicator. The role of nurses as communicators also greatly influences the image of nurses in the eyes of society. Society really expects nurses to be good communicators. Clients are also humans who need interaction when they are undergoimg nursing care. Verbal interactions carried out with nurses will more or less affect the improvement of the client's health.

Based on Arwani (2002) a patient is a sick person (who is treated by a doctor or nurse), someone who is suffering (sick).

2.2.3 Public Hospital of Daya Makassar

According to UU RI No. 23 of 1992 concerning health, a hospital is a health facility whose function is to carry out basic health efforts or referral health efforts and or supporting health efforts, while still paying attention to social functions, and can also be used for the purposes of education and trainingas well as research and development of science and technology (Widyawati, 2012).

a. Overview of the Public Hospital of Daya Makassar

The history of the Public Hospital of Daya Makassar started from the establishment of Puskesmas in 1975. In 1978 - 2002 the Puskesmas had changed to Puskesmas Plus. In 2002, with the existence of a hospital permit from the Director General of Yanmedik Number: HK.01.021.2.4474 dated October 28, 2002. Mayor's decree of Makassar Number: 50 on

November 6, 2002 and Health Minister's decree of the Republic of Indonesia Number 967/Menkes/SK/X/2008, then its status changed to a type C hospital with the name Public Hospital. Also, there were Mayor's decree No. 5 of 2007 concerning Organizational Structure and Governance Regional Public Hospital Makassar and Mayor's Regulation of Makassar Number: 54 of 2009 concerning task description of structural positions at the Regional Public Hospital Makassar.

b. Geographical Location

The location of the Public Hospital of Daya Makassar is at North East of Makassar City which is a development area, city master plan in Biringkanaya district with an area of 80.06 km2 with a population of 168,848 people compared to the total area of the Makassar 175.77 km2 with a population of 1.6 million with territorial boundaries as follows:

a. In the north, it is bordered by Maros Regency.

b. In the south, it is bordered by Tamalanrea district.

c. In the east, it is bordered by Gowa Regency.

d. In the west it is bordered by the Makassar Strait.

c. Vision, Mission, Objective, and Philosophy

a. Vision

The vision of the Public Hospital of Daya Makassar is believe that the Regional Public Hospital Makassar in the future "Becoming a Healthy Hospital as a Pilot in Indonesia".

b. Mission

The mission has been designed to provide guidance in making decisions to achieve goals. The missions of Public Hospital of Daya Makassar are:

1. Realize the hospital become a Regional Public Service Agency.
2. Become one of the referral hospitals in the province of South Sulawesi.
3. Improve the quality of human resources become professional.
4. Create a teaching hospital and become one of the network hospital in the province of South Sulawesi.
5. Go to Green Hospital.

c. Objective

The expected objectives as a result of planning these strategies are as follows:

1. Establishment of a service system that meets standard guidelines.
2. Implementation of program development and cross-sectoral and cross-program collaboration.
3. The implementation of the development of personnel or human resources in improving performance.
4. Implementation of increased coverage of services to the community.

d. Philosophy

That physical and spiritual health is everyone’s right, therefore hospitals try to provide the best health services to the community, both healing, recovery and prevention.

d. Inpatient Installation

Hospitalization or inpatient installation is hospital health care where the patient stays at least one day or based on referrals from health service implementing hospitals. Inpatient care is individual health services which include observation, diagnosis, treatment, nursing, medical rehabilitation by staying in inpatient rooms at health facilities owned by government or private hospitals as well as nursing homes and maternity homes where due to illness the sufferer is required to stay overnight (Widyawati, 2012).

2.3 Conceptual framework

Based on the related theories and previous studies of the research, the researcher makes a conceptual framework to make easier to do the research.

The conceptual framework reflects the directions of nurse-patient communication during medical interaction at public hospital of Daya Makassar. Nurse refers to someone who has the ability to carry out nursing actions based on knowledge that has been obtained through nursing education. The intended nurse is the nurse on duty in the inpatient room. Patient refers to someone who is suffering or a sick person who is treated by a nurse. The intended patient is patient that had been treated for at least one day in inpatient room with the consideration that they had more or less communicated medically with nurses. Nurses and patients

are people who carry out medical interactions at Public Hospital of Daya Makassar.

Nurses use special communication to patient which is used as a strategy for communicating. Interpersonal communication which is also called therapeutic communication is communication that is carried out consciously, aims to improve health and its activities are focused on healing the patient. Therapeutic communication has five phases, namely pre-interaction phase, introductory phase, orientation phase, working phase, and termination phase. Every phases will be used by the nurses to get closer to the patient as long as treatment is taking place.

Nurses and patients also use interpersonal / therapeutic communication, verbally (e.g. denotative meaning, vocabulary, clarity and brevity) and non-verbally (e.g. facial expression, gesture, posture, and eye contact), that can affect the nurse-patient mutual understanding.

Nurse and patient communication must be effective communication. The application of cooperative principles from Grice's theory can lead to more effective communication. For that, nurses and patients should comply with the four maxims that have been set in the cooperative principle, namely maxim of quantity, maxim of quality, maxim of manner, and maxim of relevance.

With the existence of a conceptual framework, the research is more focused so that answers will be obtained regarding features or communication strategies of nurse-patient communication during medical

interaction; the communication strategies affect the nurse-patient mutual understanding; and application of cooperative principles from Grice's theory to nurse-patient communication.

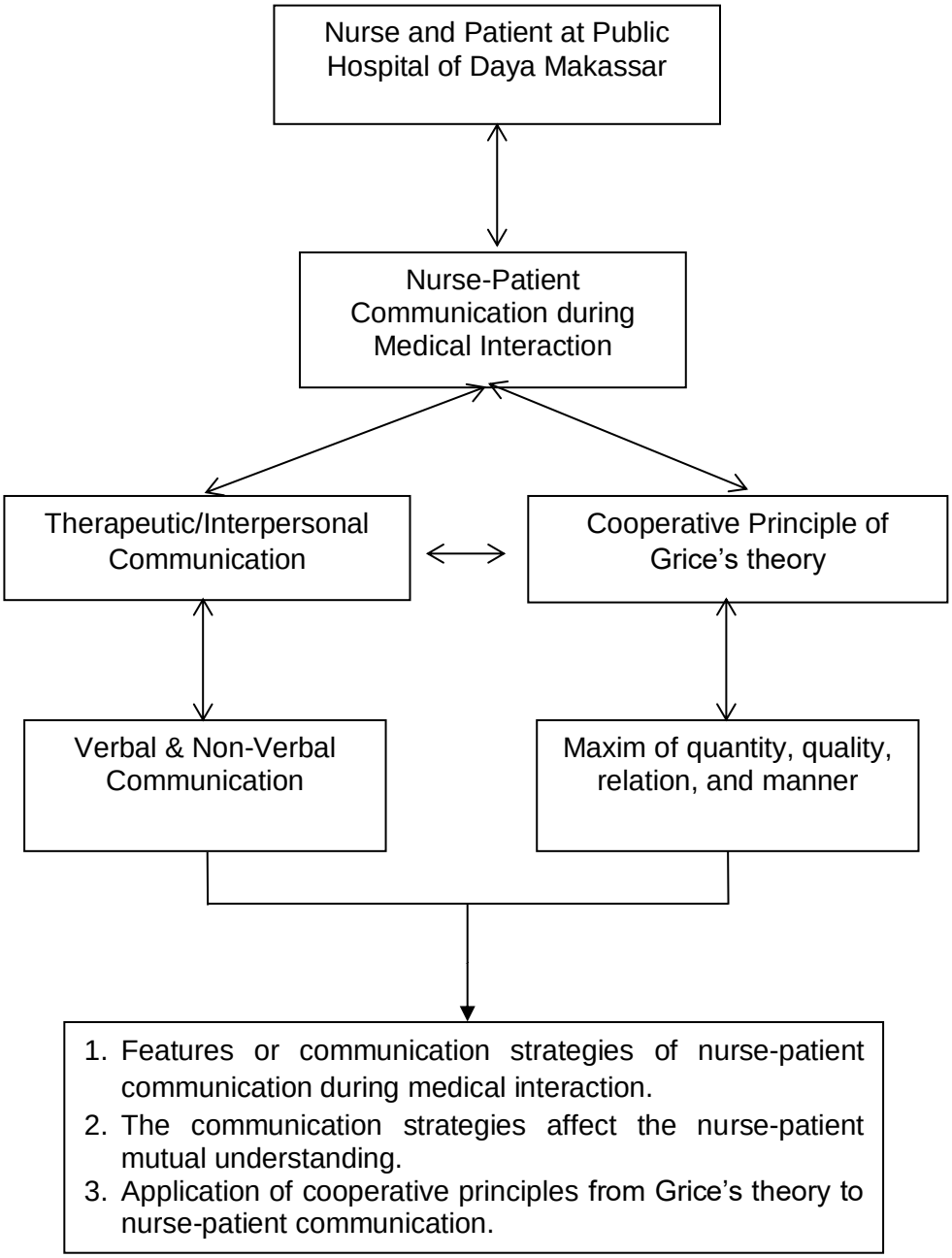


Diagram 2.1 Conceptual Framework